

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1								51			
2								52			
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43	/							93			
44	/							94			
45	/							95			
46	/							96			
47	/							97			
48	/							98			
49	/							99			
50	/							100			
Total Indep								Total Indep			
Total Depend								Total Depend			
Total Claims								Total Claims			